



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

ORTHOTEXAS PHYSICIANS AND SURGEONS
4780 NORTH JOSEY LANE
CARROLLTON TX 75010

Respondent Name

NEW HAMPSHIRE INSURANCE CO

Carrier's Austin Representative Box

Box Number 19

MFDR Tracking Number

M4-12-1729-01

MFDR Date Received

JANUARY 23, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Per the EOB, the 99204 office visit was denied for documentation does not support services rendered and also for included with other procedures billed on same day. The documentation attached does support the 2 of 3 components that are required to bill this procedure. The office visit is also separate from the other codes billed on same day and I have added the modifiers 57 (decision for surgery on same day as visit) and modifier 59 (separate from other procedures billed on same day)."

Amount in Dispute: \$224.04

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: The respondent did not submit a response to this request for medical fee dispute resolution.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 12, 2011	CPT Code 99204-57-59	\$224.04	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 titled *Medical Fee Guideline for Professional Services*, effective March 1, 2008, sets the reimbursement guidelines for the disputes service.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits

- 150-Payer deems the information submitted does not support this level of service.
- VF01-Docuementation does not support level of service billed.

- X394-Our position remains the same if you disagree with our decision please contact the TWCC Medical Dispute Resolution.

Issues

1. Does the submitted documentation support billed service for CPT code 99204-57-59? Is the requestor entitled to reimbursement?
2. Does the Medicare policy on post-operative global fee periods apply to the service in dispute?

Findings

1. 28 Texas Administrative Code §134.203(a)(5), states “‘Medicare payment policies’ when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare.”

According to Medicare’s 2011 Surgical Manual regarding office visits billed in conjunction with a surgical procedure:

“A visit on the same day as the minor or endoscopic procedure is not allowed unless a significant and separately identifiable service is performed...The difference between major and minor surgical procedures is reflected in the number of follow-up (postoperative) days after the surgery.

The Medicare Physician Fee Schedule Data Base (MPFSDB) will show the exact number of postoperative days associated with each procedure.”

“Outpatient visits during the postoperative period are allowed during a global fee period if the claim documentation demonstrates that the visit is for a diagnosis unrelated to the original surgery. Use modifier 24 in this situation.” “Office visits during the postoperative period are not covered unless they are submitted with modifier 24 to indicate they are unrelated to the surgery. Modifier 24 is primarily for use only by the surgeon. A different diagnosis code may be sufficient to show the procedure is unrelated to the surgery; however, it may not be required. Documentation submitted should fully explain how the E/M [Evaluation and Management] service is unrelated to the surgical procedure.”

On the disputed date of service the requestor billed CPT codes 11012, 11760, 26750, 99080-73, and 99204. A review of the MPFSDB finds that CPT code 11760 has ten global postoperative days; and code 26750 has ninety. A review of the submitted documentation does not support a significant and separately identifiable service was performed to support billing 99204.

2. According to the explanation of benefits, the respondent also denied reimbursement for CPT code 99204 based upon reason codes “150 and VF01.”

CPT code 99204 is defined as “Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.”

The requestor states “The documentation attached does support the 2 of 3 components that are required to bill this procedure.”

A review of the submitted report finds that the requestor did not meet the documentation requirements for billing CPT code 99204, specifically a comprehensive history, a comprehensive examination and medical decision of moderate complexity. The requestor states that the report supports 2 out of 3 components; however, this code requires all 3 key components. Therefore, the respondent’s denial based upon reason codes “150 and VF01” are supported. As a result, reimbursement is not recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____ Signature	_____ Medical Fee Dispute Resolution Officer	8/23/2013 Date
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YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.